			<u> </u>	<u> </u>				
1	TOTAL CLAIMS							
	FOR							
	TOTAL CHARGEABLE CLAIMS							
July (**)	INDEPENDENT CLAIMS							
	MULTIPLE DEPENDENT CLAIM PRESE							
	* If the difference in column 1 is less the CLAIMS AS AMEN							
ココローニント	A AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT					
(Total	• 24	Minu				
		Independent	• 3	Minu				
B		FIRST PRESENTATION OF MULTIP						
1								

Application	orDocket	Number
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PATENT APPLICATION FEE DETERMINATION RECORD

10769571

Ellective October 1, 2003						1-2		1.0	16	, 10 /		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			24				R	TE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGEA	BLE CLAIMS	2 4minus 20=		* 4		X	9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = *		• •		X	3=		OR	X86=	·
MULTIPLE DEPENDENT CLAIM PRESE						+1	45=		OR	+290=		
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II				T ((l 	10	OTHER	THAN	
			(Colur		(Column 3)	SM	ALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	• 24	Minus	** 0	4	=	X\$	X\$ 9 <i>≅</i>	. !	OR	X\$18=	
AME	Independent	· 3	Minns	***	3		X	.3=	.;	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+10			OR	+290=	
						ADDII	OTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		· (Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**	•		X\$	9=	•	OR	X\$18=	
AME	Independent	*	Minus	***		<u>L</u>	X4	3= ·	•	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14	5≐		OR.	+290=	
							. ADDII	OTAL	•	OR	TOTAL ADDIT, FEE	·
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		= .	X\$	9=	·	QR	X\$18=	•
ME	Independent	*	Minus	***		8	X4	3=			X86=	
Y	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				·			OR				
+145= OR +290=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **The "Highest Number Previously Paid For" (This is the dependent in the highest number (quind in the appropriate box in column 1.												